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20306 7590 09/27/2004

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12/28/2004 WASFAW2 00000015 132490 09630846

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<i>E. K. Lehman</i>		(Depositor's name)
<i>E. K. Lehman</i>		(Signature)
<i>12/23/04</i>		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/630,846	08/02/2000	James D. Thompson	03206.0179.CON1	8327

TITLE OF INVENTION: POLYMERASE III-BASED EXPRESSION OF THERAPEUTIC RNAs

**Improved Polymerase III-Based Expression of Therapeutic RNAs**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	12/27/2004
EXAMINER	ART UNIT		CLASS-SUBCLASS		
LACOURCIERE, KAREN A	1635		435-375000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 McDonnell Boehnen Hulbert & Bergoff LLP  
2 \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sirna Therapeutics, Inc.

Boulder, CO

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 1

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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-2490 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature AL 72

Date 12/23/04

Typed or printed name ANDREW W. WILLIAMS

Registration No. 48,644

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